

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565817

FILING DATE

11 MAY 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	2					
8	2					
9						
10	/					
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17	/					
18	/					
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20	/					
21	/					
22	/					
23	/					
24	/					
25	/					
26	/					
27	5					
28	0					
29	/					
30						
31						
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50						
TOTAL IND.	4		↓	↓	↓	
TOTAL DEP.	31	◀	◀	◀		
TOTAL CLAIMS	35					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.		◀	◀	◀		
TOTAL CLAIMS						